## DEPARTMENT OF HEALTH AND HUMAN SERVICES NOTIFICATION OF U.S. SAVINGS BOND ACTION, SERIES EE

The furnishing of your Social Security Number is required by the regulations governing U.S. Savings Bonds. CFR 353. The Social Security Numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to reestablish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

Employee's Agency/Organization/Office						
Social Security	No	one Number	_			
New Enrollme	ent Total			Changes	ALLOTMENT L	
Employee's Name (I	First) (I	nitial) (Last,		Refund? (Check one	e if 'Changes' checked)	
A (1 D All 11	L M' 00 75	15% ° D		Refund Balance	Do Not Refund Balance	
Amount to Be Allotted Each Pay Period		Effective Date:		Amount a	xisting Deduction	
Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec.		
	100				Add Delete	
Mailing Address	(Number and Street)			Bond Denomination	\$200	
	(City or Town)			\$100 <u></u>	\$200  \$500  \$1000	
	(City of Town)			(State)	(Zip Code)	
(Check One)	(First)	(Initial)		(Last)	Social Sec. No.	
Co-Owner	Beneficiary			-		
2. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec.	. No. Action: Modify Add Delete	
	(Number and Street)			Bond Denomination		
Mailing				\$100	\$200 \$500 \$1000	
Address	(City or Town)			(State)	(Zip Code)	
(Check One)	(First)	(Initial)		(Last)	Social Sec. No.	
Co-Owner	Beneficiary					
3. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec.		
					Add Delete	
	(Number and Street)			Bond Denomination		
Mailing				\$100	\$200 \$500 \$1000	
Address	(City or Town)			(State)	(Zip Code)	
(Check One)	(First)	(Initial)		(Last)	Social Sec. No.	
Co-Owner _	Beneficiary	// '// N	(1 ()	10 10 110		
4. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec.		
	(At			David David Salar	Add Delete	
	(Number and Street)			Bond Denomination	£200	
Mailing Address	(City or Toyen)			\$100	\$200  \$500  \$1000	
Address	(City or Town)			(State)	(Zip Code)	
(Check One)	(First)	(Initial)		(Last)	Social Sec. No.	
Co-Owner	Beneficiary					
I hereby authorize the following allotment from my pay with the understanding that the U.S. Savings Bond will be issued as requested. This authorization is to remain in effect until cancellation by me in writing or termination of my Federal employment.						
, , , ,						
Standard Form HHS 357 Revised March 1995		-	Employee's	Signature	Date	

Employee's Signature Date (FORWARD THE COMPLETED FORM TO YOUR SERVICING PERSONNEL OFFICE)

5. Owner's Name to Appear on Bond (First)		(Initial)	(Last)	Owner's Social Sec. No. Action: Modify	
				Add Delete	
	(Number and Street)			Bond Denomination	
	(Number and Street)				
Mailing					
Address	(City or Town)			(State) (Zip Code)	
(Check One)	(First)	(Initial)		(Last) Social Sec. No.	
	•	(			
Co-Owner	Beneficiary	4 2 0	(1 ()		
6. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec. No. Action: Modify	
				Add Delete	
Mailing Address	(Number and Street)			Bond Denomination	
				\$100 \$200 \$500 \$1000	
	(City or Town)			(State) (Zip Code)	
	(e.g e. re,				
(Check One)	(First)	(Initial)		(Last) Social Sec. No.	
Co-Owner	Beneficiary				
7. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec. No. Action: Modify	
			. ,	Add Delete	
	(Alimphan and Chroat)				
	(Number and Street)			Bond Denomination	
Mailing				\$100 \tag{\$200} \$500 \tag{\$1000}	
Address	(City or Town)			(State) (Zip Code)	
(Check One)	(First)	(Initial)		(Last) Social Sec. No.	
	1	(maar)		1 1 1 1 1 1 1 1	
Co-Owner	Beneficiary			<u>                                 </u>	
8. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec. No. Action: Modify	
				Add Delete	
	(Number and Street)			Bond Denomination	
Mailing				\$100 \$200 \$500 \$1000	
Mailing Address	(City or Town)			(State) (Zip Code)	
7.00.000	(Oily of Town)			(State) (Zip Gode)	
(Check One)	(First)	(Initial)		(Last) Social Sec. No.	
Co-Owner	Beneficiary				
	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec. No. Action: Modify	
	. ,	,	,	Add Delete	
	[ (Al.,				
	(Number and Street)			Bond Denomination	
Mailing				\$100	
Address	(City or Town)			(State) (Zip Code)	
(Check One)	(First)	(Initial)		(Last) Social Sec. No.	
	1	(maa)		1 1 1 1 1 1 1 1	
Co-Owner	Beneficiary				
10. Owner's Name to	Appear on Bond (First)	(Initial)	(Last)	Owner's Social Sec. No. Action: Modify	
				Add Delete	
	(Number and Street)			Bond Denomination	
				\$100 \$200 \$500 \$1000	
Mailing Address	(City or Town)			(State) (Zip Code)	
Address	(City of Town)			(State) (Zip Code)	
(Check One)	(First)	(Initial)		(Last) Social Sec. No.	
Co-Owner	Beneficiary				
	· ,	vith the understanding that	the U.S. Savi	ings Bond will be issued as requested. This authorization is to	
remain in effect until c	ancellation by me in writing or ter	mination of my Federal er	nployment.	g	
Standard Form HHS 357					
Decide and Manuals 4005			Emplo	vools Signature	

Revised March 1995